

**EXAMINING THE RELATIONSHIP BETWEEN THE
ATTITUDES OF THE OMAHA FIRE DEPARTMENT
FIREFIGHTERS AND ADMINISTRATION AND ITS
WORKSITE HEALTH PROMOTION PROGRAM**

EXECUTIVE LEADERSHIP

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Abstract

Establishing and maintaining a viable worksite health promotion and wellness program is a problem that many organizations face today. The problem is not necessarily one of implementation, but of developing an organizational culture that fosters it.

Organizations who provide effective programs go beyond the implementation phase, documenting the outcomes of healthy lifestyle changes by those individuals. The internal culture of the organization supports changes through its mission, core values, policies, medical benefit plans, employee assistance programs, and occupational safety and health divisions. Externally, these organizations go beyond the walls of their company into the community, positively influencing the sociocultural, legal, and economic factors for the individual.

According to the 1992 National survey of worksite health promotion activities (US Department of Health and Human Services, 1992), 81% of all organizations offer some type of health promotion and wellness programs for their employees. These programs are primarily targeted to the individual in three areas: (1) increased awareness; (2) assisting in lifestyle change; and (3) creating an environment that is conducive to healthy lifestyle change.

The purpose of this study was to conduct an Omaha Fire Department (OFD) Cultural Audit examining the relationship between the attitudes of the OFD administration and the OFD employees toward the worksite wellness programs and the “cultural” support that the organization provided. This study helped to answer the following three research questions:

1. Will the OFD employees perceive that their organization creates opportunities for and supports worksite wellness programs and health promotion, as demonstrated by the results of the OFD Cultural Audit?
2. What impact do specific organizational goals have on the “cultural climate” supporting healthy behaviors as perceived by the OFD employees, as demonstrated by the results of the OFD Cultural Audit?
3. Will the OFD employees perceive that the OFD organization extends its support of health and wellness beyond the organization into the general community, as demonstrated by the results of the OFD Cultural Audit?

The design of this research was a non-experimental study, using descriptive-comparative and exploratory methods. This study provided this investigator with results that led to recommendations based on the results of the survey and suggested literature. The five recommendations addressed are in the areas of (1) physical health, including physical conditioning; (2) the individual’s responsibility to the overall good health of their family, their co-workers, and the general community; (3) self-responsibility for a positive attitude toward their job and their community, a strong sense of support and goodwill for the general community; (4) job stress and stress management; and (5) the responsibility of the OFD to create a culture that respects, values, and supports all people.

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INTRODUCTION

The Problem

Establishing and maintaining a viable worksite health promotion and wellness program is a problem that many organizations face today. The problem is not necessarily one of implementation, but of developing an organizational culture that fosters it. Once a worksite health promotion and wellness program has been initiated, it will not succeed if the organization does not embrace and support both the internal culture and external factors for individual lifestyle changes (Dejoy, 1995; Wilson, Holman, & Hammock, 1996).

Organizations offer health promotion activities for a variety of reasons, most of which are designed to support the individual or the organization. Organizations who provide effective programs go beyond the implementation phase, documenting the outcomes of healthy lifestyle changes by those individuals. The internal culture of the organization supports changes through its mission, core values, policies, medical benefit plans, employee assistance programs, and occupational safety and health divisions. Externally, these organizations go beyond the walls of their company into the community, positively influencing the sociocultural, legal, and economic factors for the individual (Dejoy, 1995; Wilson et al., 1996).

According to the 1992 National survey of worksite health promotion activities (US Department of Health and Human Services, 1992), 81% of all organizations offer some type of health promotion and wellness programs for their employees. These programs are primarily targeted to the individual in three areas: (1) increased awareness,

(2) assisting in lifestyle change; and (3) creating an environment that is conducive to healthy lifestyle change. Key components addressed in these programs include:

1. Preventive health, which includes activities such as health fairs, blood pressure screening, cholesterol testing, cancer screening, physicals, CPR classes, self-help preventative education kits, immunizations, and other related health information.
2. Nutrition and weight control, which helps educate the individual in nutritional assessment, weight loss, cholesterol programs, healthy cooking seminars, and body fat testing.
3. Cardiovascular fitness, which includes fitness testing, cardiovascular risk appraisal exercise, body fat testing, and on-site fitness centers.
4. Behavioral and mental health management, which encompasses such activities as stress management classes, time management, lifespan development courses, healthy aging programs, safe sexual behavior practices, strategies to enhance job satisfaction, safety programs, and employee assistance programs.
5. Smoking cessation which includes risk assessment, pulmonary testing, behavior modification, no-smoking areas, and a smoke-free worksite.
6. Alcohol awareness and drug education is an intertwined social and health problem, critical to all worksite health promotion programs. Employees suffering from alcoholism are estimated to cost the United States \$20 billion annually in lost productivity (Green, 1990). Model programs combine both awareness and treatment when addressing alcohol and drug use and misuse.

7. The concept of spirituality and spiritual well-being has been linked to spiritual health and growth for the individual, helping them in successful adaptation to life and finding purpose in their life. Worksite health promotion can offer programs that help the individual develop a sense of security and direction to personal and professional goals, growing and meeting new challenges, and achieving their own spiritual perception (Anspaugh, Hamrick, & Rosato, 1991).

These areas describe the components of a comprehensive and holistic worksite health promotion and wellness program. The main objective is to encourage people to participate in healthy behaviors for life-long wellness. Organizations can support this through their efforts both at the worksite and in the community.

The employees of the Omaha Fire Department (OFD) have participated informally in worksite health promotion and wellness activities for approximately 15 years (Wagner, 1994). Seventy-two percent of the employees responding to his 1994 survey reported a slightly greater interest in a healthier worksite than in a previous survey in 1991 (Graeve, 1991). Almost 50% reported that they participated in regular exercise, were about the right weight, made an effort to eat healthy, and received adequate sleep. Eighty-two percent self-reported their physical health status as good to excellent. Sixty-seven percent felt that the organization should support a formalized worksite wellness program for them.

From the results of the 1994 survey, Wagner, who represented Omaha Fire Department management as the Wellness Coordinator, met with the Omaha Fire Department Chief and the Omaha Fire Department Union Officers to formulate an

evaluative plan to initiate a formal worksite wellness program. The target date for this to begin was the end of 1996. This group took the comprehensive approach to worksite wellness, incorporating activities, policies, and decisions related to the health of its employees, their families, and the community at large. The main outcome of this endeavor was to adopt a long-term worksite health promotion plan that would have both organizational support and “weave” wellness into the culture of the organization.

The Purpose

The purpose of this study was to conduct an OFD Cultural Audit examining the relationship between the attitudes of the OFD administration and the OFD employees towards the worksite health promotion and wellness programs and the “cultural” support that the organization provided.

Methodology

A survey questionnaire was used as the method of data collection for this research study (see Appendix A). The questionnaire was developed by Wagner (1996) using the consultation services of a nationally known expert in worksite health promotion and wellness programming (Ryan, 1996). The questionnaire consisted of a 20-item, 5 point Likert type scale. It reflects a broad dimension of cultural climate related to worksite health promotion and wellness programs. The survey was conducted in May of 1996, prior to the formal wellness program implementation. The design of this research was a non-experimental study, using descriptive-comparative and exploratory methods. The data was analyzed using the mean and frequency. Results, discussion and implications, and recommendations were based on the analysis of the data.

Research Questions

This study was guided by the following research questions:

1. Will OFD employees perceive that their organization creates opportunities for and supports worksite wellness programs and health promotion, as demonstrated by the results of the OFD Cultural Audit?
2. What impact do specific organizational goals have on the “cultural climate” supporting healthy behaviors as perceived by the OFD employees, as demonstrated by the results of the OFD Cultural Audit?
3. Will OFD employees perceive that the OFD organization extends its support of health and wellness beyond the organization into the general community, as demonstrated by the results of the OFD Cultural Audit?

BACKGROUND AND SIGNIFICANCE

The National Fire Academy’s Executive Planning course requires a research project as part of the requirement for completing this class. Chapter 7 in the Executive Leadership class discusses in great detail the assessment of organizational culture. Chapter 3 of the Leadership course, which discusses leadership, and Chapter 7, are clearly areas that relate to the need to create a worksite wellness and health promotion program.

The basis of a worksite wellness and health promotion program, whose goals are to provide a healthier lifestyle and a longer and more enjoyable life for employees, has been documented in the literature by numerous studies. Additionally, these programs may provide a considerable cost savings to organizations if employees have reduced

injured on duty (IOD), sick leave, and costs related to behavior-induced diseases. These benefits were shown in the Birmingham Fire Department health and fitness promotion study that was completed after three years (Hilyer, Brown, 1992). The results showed dramatic improvement in aerobic and anaerobic training, smoking cessation, seat belt use, reduced hours of sick leave and injured on duty, colorectal cancer screening, condom use for protection from sexually transmitted diseases, and the decreased use of tobacco. No cost saving to the organization was projected by this study.

The implementation of a successful worksite health and wellness program is of great importance to the Omaha Fire Department (OFD) based on this significance and background information. The OFD administration recognizes that to accomplish this, a corporate culture must be developed to foster, encourage, and maintain a quality-based plan. At the present time this cultural development is being created through the efforts of the OFD management and the firefighters' union.

LITERATURE REVIEW

Over the last ten years more attention has been given to the importance of creating a worksite health and wellness program for fire departments around the country, as well as many large and small businesses in the private sector. Many of the studies done took place in the private sector. However, the results can be applied to fire departments for similar results as seen in the Birmingham Fire Department tests.

Preventive health is the first of seven major components that make up a worksite health and wellness program. To understand worksite health and wellness programs one must first understand the various components and how they combine to create the total

program. Each is important and should be addressed. Cholesterol screening is one of the first important areas of preventative health. Bailey's study (1990) included subjects who were educated on the important differences in food types and what healthier eating should consist of. Participants were tested prior to and after a 12-month program. A significant improvement was found in reducing cholesterol in their diet. This study showed that participants benefited in short-term testing. According to the American Journal of Health Promotion (1996), studies are underway to develop conclusive evidence about a causal relationship between worksite nutrition and cholesterol programs. The purpose of the studies is to provide more solid evidence of the long-term benefits between good nutrition habits and a healthy cholesterol level.

Nutrition and weight control fall into another category relating closely to preventative health. Jeffrey, Foster, French, Elder, Lando, McGovern, Jacobs and Baxter (1993), found in their study that worksite intervention for weight control created a successful outcome where the average weight loss was 4.8 pounds for 2,041 participants. In addition to improving their health, this program showed cost effectiveness. Reynolds Electrical and Engineering (1993), in their Stay Alive and Well Program, found similar results. Their program cost \$72.24 per employee with over 800 participating. These participants significantly lowered cholesterol levels, BP and weight, and experienced 21% lower lifestyle related claim costs than nonparticipants with a benefit to cost ratio of \$1.68 to \$1.

Blood pressure (BP) screening is another preventative health indicator. In 1996, Union Pacific Railroad implemented a personal health management program to its 28,000 employees. This program resulted in net savings of \$1.26 million. These participants,

mostly blue-collar workers, lowered their cholesterol levels by 34% and lowered their risk of high BP by 45%. Others in the study moved out of the at risk range for weight problems by 30%. Additionally, 21% of the participants stopped smoking. This program showed significant results in employees improving their nutrition and weight control. In organizations similar to this, where the adoption of programs has provided an opportunity to test and show positive results benefiting the employee and the company, a healthy worksite “culture” environment is created.

Smoking cessation programs are one of the oldest and most familiar programs in worksite wellness. The success of these programs has shown benefits to the participants in a very short time. A well-designed program that supports the smoker in his/her attempt to stop smoking can be successful (Hilyer et.al, 1992). There was a significant decrease from 38% to 31% in smokers in that test group. Ballingham’s study (1987) on aggregate risks and associated costs for cancer and heart attacks over two years found that the participants reduced their health risks, increased physical exercise, and decreased smoking during the comprehensive two year program. This investigator reported a potential significant cost benefit of \$312 million to the company if all 100,000 employees would have participated.

The research targeting smoking cessation programs at the worksite have indicated that they are not only effective in cost reduction for health care, but also provide a better and healthier lifestyle for the participants (Wilson, Holman, and Hammock, 1996). One of the short term results found by Fielding (1982), was that people who participated in a smoking cessation program in a clinical setting achieved an abstinence time of six to twelve months and reported high levels of satisfaction with this success. According to

this investigator, this rate of success was largely due to the commitment of the company in providing opportunities to quit or reduce smoking. It was determined in this study that smoking cessation groups are cost-beneficial and should be funded by employer investment dollars with respect to return on investment.

There have been many studies on exercise and fitness over the years. Research has shown that regular exercise (three or four times a week) can reduce the risk of death from some diseases such as heart disease and cancer. Physical activities have generally been reported as beneficial to the participants in other areas as well. Hagen (1997) studied the impact of exercise and fitness on cardiovascular conditioning in men. The study showed significant benefits when these men exercised three to four times a week. One benefit was the increased ability of the heart to pump blood and decreased resting heart rate. It was found that the heart pumped more blood with less effort, it improved cholesterol levels, lowered blood pressure, particularly in men with mild hypertension, and relieved stress. An overall sense of well-being was also reported. Lahey (1995) also reported the benefits of exercise by participants. He supported the findings of Hagen and additionally showed a positive effect for women. Women showed the benefits of reduced chances of osteoporosis, as well as coronary heart disease. These studies both emphasize the need to exercise regularly and make it a part of one's weekly lifestyle.

Ostrow (1997) reported on the study of testing done by UCLA physician James Barnard. The sample studied firefighters who had participated in regular exercise and fitness programs for four years. Results showed that the firefighters fitness scores went from a 38.6 percent poor level of fitness from to a 12.7 percent poor level. After another year this level dropped to 9.0 percent. According to Ostrow, this increased fitness level

resulted in increased endurance and decreased susceptibility to fatigue during firefighting.

Within health promotion, alcohol use is another major concern of worksite wellness. The consumption of alcohol is made by choice. Most adults are able to consume alcohol in a social environment without significant or negative impact or consequences. There are, however, a number of people who are not that fortunate and the ravages of alcohol affect them, their families and their work. Alcohol dependence, or alcoholism, is usually described as a progressive disorder according to (Roman & Blum, 1991.) It is also clear that there are different levels of alcohol related problems from problem drinking to severe alcoholism. Regardless of where a person is with respect to an alcohol problem, there are serious negative impacts that result. Employers' concerns with the affects of drinking relate to illness resulting in higher health care costs, poor work performance, and increased absenteeism. Based on these concerns Kishchuck (1994) indicates that if a workplace oriented educational program is designed to alter drinking behaviors in healthy and socially responsible directions, a positive outcome can occur. He found a modest impact on subjects in alcohol education program in terms of desirable attitudes, increased self-control over drinking, and reduced consumption. It was also noted in this study that those receiving nutrition education also altered their drinking behavior in the desired direction, although changes were more modest.

The overall findings for the area of alcohol abuse suggests evidence and some conclusive evidence that worksite interventions, including core components of employee assistance programs, are affective in rehabilitating employees with alcohol problems. There is suggestive and conclusive evidence that worksite wellness and training directed

toward alcohol problems affect the attitudes of supervisors and employees for reasonable periods after the completion of training. The conclusion to their findings is that intervention directed at reducing alcohol-related problems appears to be a sound strategy.

Spiritual well-being is a very important aspect of a worksite wellness program. Spiritual well-being is analogous to the presence of spiritual health in the individual (Blazer, 1991; Burkhardt, 1989; Kirschling & Pittman, 1989). It integrates the aspect of human wholeness and is characterized by meaning and hope.

Spiritual growth is a process, encompassing the dimensions of spirituality, spiritual well-being and spiritual health, in which the individual grows in two directions: horizontally and vertically (Stoll, 1989). Horizontally, the individual may experience self-growth and cultivate relationships with others. Vertically, the individual may move closer to a relationship with a Higher Power, Ultimate Other, or Supreme Being. The individual's spiritual growth may become hindered from experiences that lead to negative feelings or thoughts, or adverse physical health conditions and life situations.

PROCEDURES

The purpose of this study was to conduct an OFD Cultural Audit examining the relationship between the attitudes of the OFD administration and the OFD employees toward the worksite health promotion and wellness programs and the "cultural" support that the organization provided. The subjects used for this study were a random sample of 230 officers and firefighters of the Omaha Fire Department. The results, based on the survey questionnaire, along with an analysis of the literature, helped to design specific strategic recommendations to establish a worksite wellness program and develop a

corporate culture needed to nurture and continue viable worksite health promotion among its people.

An analysis of the current literature relative to worksite wellness programs and the corporate culture of the organizations that initiated these programs were evaluated in preparation for this research. Following the evaluation of the survey results and the literature review, specific recommendations were conceptualized for designing a worksite wellness program for the Omaha Fire Department.

The survey questionnaire was a culture audit developed by this investigator, with the help of a national expert in the area of Worksite Health Promotion (Ryan, 1996). It measured the current attitudes of OFD employees and strategies used by the Omaha Fire Department Administration. It was administered to 230 officers, firefighters, and administrators with a range of one to 35 years of service. The literature review and the Omaha Fire Department survey were the basis for the final recommendations.

Assumptions and Limitations

It is assumed that all respondents answered truthfully. It is also assumed that all of the respondents understand what a worksite wellness program consists of and the purpose of such a program.

There were several limitations in the study. A small sample size (n=244 out of 550 personnel) was the first. Second, all firefighters did not have an opportunity to respond to this survey threatening internal validity. Because this was a unique group of cohorts studied, and a small “n” size, it limits generalizability of the study to Fire Departments as a whole.

RESULTS

The subjects surveyed through questionnaire format were 230 Chiefs, Captains, and Firefighters of the Omaha Fire Department. Ninety-seven percent (97%) returned the survey, or a total of 224 surveys, were returned and used. After a thorough analysis of the survey, the results were summarized and applied to the research questions of this study. These are reported as follows.

Research question one asked if the OFD employees would perceive that their organization creates opportunities for and supports worksite wellness programs and health promotion. Survey results of questions 1, 2, 3, 4, 6, 8, and 20 relate to research question one and are as follows:

- Survey question one asked if the OFD recognized the potential to injury or disease and provided education and equipment that would help in their protection. The response showed that eighteen percent (18%) strongly agreed (n=41). Fifty four percent (54%) agreed (n=120). Seventy two percent (72%) of respondents to question one agreed the OFD recognized the potential for injury and provided the education and equipment for their protection.
- Survey question two asked if the OFD encouraged the employee to stay physically fit. Sixty percent (60%) either disagreed or strongly disagreed to this question.
- Survey question three asked if working at the OFD helped the employee keep track of their blood pressure. Forty nine percent (49%) either disagreed or strongly disagreed.

- Survey question four asked if the OFD expected the employee to take good care of himself/herself. Thirty nine percent (39%) agreed or strongly agreed while thirty-five percent (35%) were undecided.
- Survey question six asked if the OFD cared about the employee's stress level. The response was consistent with questions two and three in that the majority felt that the OFD did not. Forty-one percent (41%) disagreed and eighteen percent (18%) strongly disagreed.
- Survey question number eight asked if the OFD expected the employee to come to work rested and have a positive attitude. A total of seventy four percent (74%) either agreed or strongly agreed with this statement.
- Survey question 20 asked if the employee would like to see a formal wellness program started by the OFD. The response was very strongly in favor of this with fifty two percent (52%) strongly agreed and twenty-nine percent (29%) agreed.

Based on the survey questions and the literature, it is clear the firefighters want a worksite wellness program and their overall responses to survey questions 2, 3, and 4 strongly support the need for this program.

Research question two asked what impact specific organizational goals had on the “cultural climate” supporting healthy behaviors as perceived by the OFD employees as a result of the OFD cultural audit. Survey questions 9, 10, 11, 12, and 13 related to this research question and results are as follows:

- Survey question nine asked the employee if it was the norm to be capable and to handle responsibilities assigned to the employee. Nineteen percent (19%) strongly agreed and seventy percent (70%) agreed.
- Survey question ten asked if it is expected at the OFD that I solve problems in a win-win way. Forty percent (40%) agreed or strongly agreed, twenty-two percent (22%) disagreed or strongly disagreed, and thirty nine percent (39%) were undecided.
- Survey question eleven asked if employees were encouraged to bring new ideas to work. Thirty five percent (35%) were undecided while forty-one percent (41%) disagreed.
- Survey question twelve asked if their work schedule provides sufficient opportunities for rest and relaxation. Fifty percent (50%) agreed with that statement while fifteen percent (15%) strongly agreed.
- Survey question thirteen asked if it is expected at the OFD that life long learning be pursued. Forty six percent (46%) agreed while twenty-two (22%) were undecided. Twenty-nine percent (29%) disagreed or strongly disagreed.

Research question three asked if the OFD employees' perceived that the organization extended its support of health and wellness beyond the organization and into the community. The results of survey questions 5, 7, 14, 15, 16, 17, 18, and 19 helped answer this question.

- Survey question five related to this when it asked if the employee was expected to contribute to the good health of their family, co-workers, and the

community. Forty-one percent (41%) agreed or strongly agreed, while thirty-two percent (32%) disagreed or strongly disagreed.

- Survey question seven asked if the OFD supplied essential appliances to help support healthy nutritional habits. Fifty four percent (54%) either agreed or strongly agreed while eleven percent (11%) were undecided. Thirty-five percent (35%) either disagreed or strongly disagreed.
- Survey question fourteen asked if the OFD supported the employee in maintaining a sense of balance between work, family, and the community. Twenty-eight percent (28%) strongly agreed or agreed and forty-four percent (44%) strongly disagreed to disagreed.
- Survey question fifteen asked if the OFD appreciated and valued people of all backgrounds. Forty-one percent (41%) agreed to strongly agreed, thirty percent (30%) disagreed to strongly disagreed and thirty percent (30%) were undecided.
- Survey question sixteen asked if the OFD has a strong sense of support and goodwill for the community. The response was strongly agreeing with twenty two percent (22%), and sixty three percent (63%) agreeing (total of 85% in some agreement).
- Question seventeen asks if the OFD respects the cultural diversity of all people. A total of sixty three percent (63%) either agreed or strongly agreed with this statement.

- Survey question eighteen had a total response of fifty six percent (56%) who either agreed or strongly agreed when asking if the OFD supports the cultural backgrounds and traditions of all people.
- Survey question number nineteen asked if the OFD encouraged the development of partnerships to accomplish organizational goals. Forty-six percent (46%) agreed or strongly agreed. It is important to note that only twenty percent (20%) disagreed or strongly disagreed with this question.

DISCUSSION

Based on the results of this survey and review of the literature, it is encouraging to see that the Omaha Fire Department is moving towards creating a workforce more aware of the need for a total wellness worksite program. This convenience survey indicates that the rank and file firefighter and the OFD management, as a team, are beginning to develop a wellness culture. The results of a previous 1994 survey, used by Wagner, helped in the formulation of a plan by the OFD Fire Chief and the OFD Union Officers. The purpose of this evaluative plan was to initiate a formal worksite wellness program. The target date for this to begin was the end of 1996. As stated previously, this group took a comprehensive approach to worksite wellness incorporating activities, policies, and decisions related to the health of its employees, their families, and the community at large. The outcome of this endeavor was to adopt a long-term worksite health promotion plan that would have both organizational support and weave wellness into the culture of the organization.

The results of this survey show that the attempt to change the culture of the OFD has not been entirely successful. One example is the behavior of exercise. Question two asked if firefighters thought the OFD encouraged the personnel to stay physically fit. Sixty percent (60%) either disagreed or strongly disagreed. Yet, almost eighty percent (80%) of those surveyed agreed or strongly agreed that they wanted a formal wellness program. This is an indication that personnel indicate a desire for programming related to exercise.

The OFD appears to be nurturing a culture where employees have a positive regard to the concept that the employee is expected to contribute to the good health of their family, other co-workers and the community. Question five related to this, with forty-one percent (41%) agreed or strongly agreed. Twenty-six percent (26%) were undecided and thirty-two percent (32%) disagreed or strongly disagreed. Although this response was not overwhelming, it indicates that subjects felt more responsibility. This is one area that the OFD can improve on.

Question nine indicated a positive response when the employees were asked if it was the norm to be capable and handle the responsibility assigned to them. Eighty-nine percent (89%) agreed or strongly agreed. This response exemplifies the cultural direction the OFD wants. This result was encouraging as it showed such a large percent of the OFD personnel feel shared responsibility-this is a critical part of building a strong organizational culture.

RECOMMENDATIONS

As this study followed the action research method, this author has chosen to list the recommendations based on the results of the survey and suggested literature. These recommendations will include suggestions for the implementation of worksite wellness programs as well as the development of a culture that will foster and support such programs within the OFD.

1. Physical health, including physical conditioning, is one of the main essentials to maintaining a quality firefighting team. The OFD management should foster and support physical fitness as a top priority for each individual. Alarming, this study found that sixty percent (60%) of the subjects felt that the OFD “did not encourage its personnel to stay physically fit.” Based on these results, the first recommendation is for increased top management support for all employees in the area of physical fitness. To help initiate this recommendation, each fire station should be fully equipped with the appropriate anaerobic and aerobic equipment. Mandatory physical conditioning programs at the worksite should be routine and compliance testing and measuring for physical conditioning should be in place, even for top management. The benefits of exercise need to be part of the physical educational programming. Incentives and “team” gaming could be additionally utilized as encouragers to maintenance goals. The outcome goal of this recommendation is for 100% of the OFD to report in the future that the “culture” of the OFD is for each individual to stay physically fit.
2. Recommendation two is related to the survey questions, including number 5, that relate to the contribution of each OFD individuals’ responsibility to the overall good

health of their family, their co-workers, and the general community. Only forty-one percent (41%) agreed with this. The OFD culture would like to feel that 100% of its people would feel they have some responsibility to the health of all. Awareness, perceptual change, and call to action are the recommendation for this outcome. Good health for all could begin with actions that firefighters take, both individually and as a group, within community health activities. Participation in community health fairs, opening up the fire stations on a regular basis for preventative screenings and health education sessions, and participation in public speaking for health related events are just some actions that need to be expected by the OFD management and staff. Top management needs to expect 100% participation of each firefighter for some action toward community health throughout the year. It should be documented and incorporated into the performance plan of each individual.

3. The results of this study showed that the majority of firefighters had a strong sense of self-responsibility, were expected to and did have a positive attitude toward their job and their community, and felt a strong sense of support and goodwill for the general community. Recommendation three capitalizes on these exemplary qualities of the OFD people. This recommendation is for the OFD to stress these positive qualities more in their day to day workings and interactions with others. Decision making, communication, negotiation, and other human relation interactions can all benefit by these qualities. Individuals need to be given feedback when using these quality skills, for this is the backbone of workplaces that have shared governance and positive organizational strength. Only a greater goodwill is the outcome if this recommendation takes hold into the fabric of the culture.

4. Stress is part of one's life, is inevitable, and must be present for growth and balance of the individual. Distress can be harmful and damaging to the individual, the organization, and the community at large. Again, it was "alarming" to this investigator that only fifteen percent (15%) of the subjects in this study felt that the OFD cared about their stress and distress level. Recommendation four relates to changing that perception by having top management incorporate activities related to stress management at the worksite for all. The OFD does contract with an outside agency as one of its resources, an Employee Assistance Program (EAP). They will begin utilizing this agency to offer stress management programs. They will also direct managers to help identify those individuals who appear to be distressed and send them for additional coaching and assistance when it appears needed.

Management will be further trained on those skills necessary to help others appearing to be more than stressed and are on the verge of distress. Resources will be reviewed and posted to help in this regard. Mandatory stress management workshops should be offered regularly, with the curriculum including time management, healthy communication, negotiation, and the ability to solve problems with others in a "win-win" manner. Sixty-one percent (61%) of the subjects in this study reported that problem solving should be "win-win" for all. Implementing this recommendation should help all OFD personnel develop and maintain the skills to handle the stressors of their lives and maintain a better sense of balance overall.

5. The OFD top management has a responsibility to create a culture that respects, values, and supports all people. The results of this survey showed some surprisingly negative responses related to those topics. Only forty-one percent (41%) of the

subjects felt that OFD valued the diversity of people; sixty-three percent (63%) felt that OFD respected others; fifty-six percent (56%) felt OFD supported the culture; and forty-seven percent (47%) felt OFD had developed a sense of community partnership. This investigator feels these should be 100% and need to be addressed from the top down. From these results, it is apparent that the management is not “walking the talk” that is necessary for the topics of respect, values, and support of all people. Therefore, the last recommendation is to develop, build, and maintain a culture that incorporates these components into its mission, core values, critical success factors, and outcome measurements. To help with the development of respect, value, and support, interventions will be targeted beyond knowledge to actions. Diversity education must be supported and mandated with action plans, where individual performance is monitored for positive change. Inappropriate behaviors and actions must be identified swiftly and dealt with immediately-with the outcome always trying to “reframe” that individual’s approach in positive manners. It must be a “top management call to action.” This will be the hardest recommendation to change within a culture. But it is the most critical, as basic respect and value of all people must happen before other healthy behaviors can occur. A 100% outcome should always be the striving force, as this will “weave” the threads into the fabric of the organization that is trying to maintain a healthy workplace.

These recommendations are the basis for creating a culture that encourages successful worksite wellness programs for the Omaha Fire Department. As these programs continue, they need to be assessed and evaluated to provide outcomes that are desired. Constant monitoring is key to the success of the programs. Changes in employee needs,

cultural diversity, lifestyle and economics will bring about the need for updating any worksite wellness programs in order that it maintains its viability with the employees. A worksite wellness program that is constantly monitored for successful outcomes will help to meet the needs of the fire department and the community.

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APPENDIX

DIRECTIONS

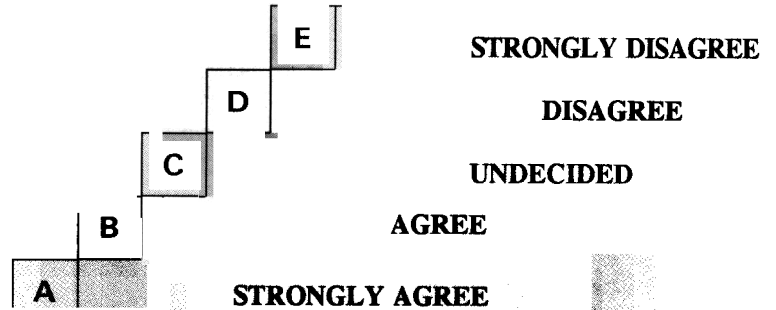
THANK YOU FOR TAKING TIME TO COMPLETE THIS EVALUATION. PLEASE RESPOND TO THE FOLLOWING STATEMENTS ABOUT THE PROGRAM BY MARKING THE APPROPRIATE SPACE AT THE RIGHT.

PLEASE USE A NO. 2 PENCIL

INSTI-SURV
NATIONAL
COMPUTER
SYSTEMS



AS I SEE IT;



1. The Omaha Fire Department (OFD) recognizes the potential to injury or disease and provides education and equipment that will help in my protection.	(A)	(B)	(C)	(D)	(E)
2. The Omaha Fire Department encourages me to stay physically fit.	(A)	(B)	(C)	(D)	(E)
3. Working at the OFD helps me keep track of my blood pressure.	(A)	(B)	(C)	(D)	(E)
4. It is expected at the Omaha Fire Department that I take good care of my health.	(A)	(B)	(C)	(D)	(E)
5. It is expected at the Omaha Fire Department that I contribute to the good health of my family, other co-workers and the community.	(A)	(B)	(C)	(D)	(E)
6. The Omaha Fire Department genuinely cares about my stress level.	(A)	(B)	(C)	(D)	(E)
7. The OFD provides essential appliances (stove, refrigerator, microwave, oven) in an effort to help me support healthy nutritional habits on the job.	(A)	(B)	(C)	(D)	(E)
8. At the OFD, it is expected for me to come to work rested and have a positive attitude.	(A)	(B)	(C)	(D)	(E)
9. At the OFD, it is the norm to be capable and handle the responsibility assigned to me.	(A)	(B)	(C)	(D)	(E)
10. It is expected at the OFD that I solve problems in a win-win way.	(A)	(B)	(C)	(D)	(E)
11. It is encouraged at the OFD that I bring new ideas to work.	(A)	(B)	(C)	(D)	(E)
12. My work schedule provides me with sufficient opportunities for rest and relaxation.	(A)	(B)	(C)	(D)	(E)
13. It is expected at the OFD that I pursue life-long learning.	(A)	(B)	(C)	(D)	(E)
14. The OFD supports me in developing and maintaining a sense of balance in my life between work, family and community.	(A)	(B)	(C)	(D)	(E)
15. At the OFD, it is normal to appreciate and value all people's backgrounds and traditions.	(A)	(B)	(C)	(D)	(E)
16. The OFD has a strong sense of support and goodwill for the community.	(A)	(B)	(C)	(D)	(E)
17. The OFD respects the cultural diversity of all people.	(A)	(B)	(C)	(D)	(E)
18. The OFD supports the cultural backgrounds and traditions of all people.	(A)	(B)	(C)	(D)	(E)
19. The OFD encourages the development of partnerships to accomplish organizational and community goals.	(A)	(B)	(C)	(D)	(E)
20. I personally would like to see a formal wellness program started by the OFD.	(A)	(B)	(C)	(D)	(E)

OFD 1996 CULTURE AUDIT

APPENDIX

PROGRAM:			1	2	3	4	5	N	MEAN
LINE NO.	1	FREQ	41	120	21	31	10	223	2.32
		%	18	54	9	14	4		
LINE NO.	2	FREQ	5	48	36	90	44	223	3.54
		%	2	22	16	40	20		
LINE NO.	3	FREQ	17	66	30	89	21	223	3.14
		%	8	30	13	40	9		
LINE NO.	4	FREQ	9	79	53	63	20	224	3.03
		%	4	35	24	28	9		
LINE NO.	5	FREQ	12	81	58	63	9	223	2.89
		%	5	36	26	28	4		
LINE NO.	6	FREQ	5	28	59	91	40	223	3.60
		%	2	13	26	41	18		
LINE NO.	7	FREQ	15	104	25	59	18	221	2.82
		%	7	47	11	27	8		
LINE NO.	8	FREQ	20	145	32	23	4	224	2.31
		%	9	65	14	10	2		
LINE NO.	9	FREQ	42	156	12	12	2	224	2.00
		%	19	70	5	5	1		
LINE NO.	10	FREQ	15	73	88	42	6	224	2.78
		%	7	33	39	19	3		
LINE NO.	11	FREQ	2	27	79	92	24	224	3.49
		%	1	12	35	41	11		
LINE NO.	12	FREQ	33	111	40	31	9	224	2.43
		%	15	50	18	14	4		
LINE NO.	13	FREQ	6	104	50	58	6	224	2.79
		%	3	46	22	26	3		
LINE NO.	14	FREQ	4	58	63	83	15	223	3.21
		%	2	26	28	37	7		
LINE NO.	15	FREQ	12	81	68	48	14	223	2.87
		%	5	36	30	22	6		
LINE NO.	16	FREQ	48	140	22	13	0	223	2.00
		%	22	63	10	6	0		
LINE NO.	17	FREQ	25	117	45	22	15	224	2.49
		%	11	52	20	10	7		
LINE NO.	18	FREQ	25	100	60	24	15	224	2.57
		%	11	45	27	11	7		
LINE NO.	19	FREQ	9	96	75	38	6	224	2.71
		%	4	43	33	17	3		
LINE NO.	20	FREQ	116	64	33	7	4	224	1.75
		%	52	29	15	3	2		